

INSTRUCTIONS FOR COMPLETING FORM:

This form must be typed and can be completed electronically on our website, www.arb.uscourts.gov . Press the tab key to advance to each field. A handwritten signature is required on this form. This form must be faxed to 501-918-5520.

United States Bankruptcy Court - Eastern & Western Districts of Arkansas

ONE TIME CREDIT CARD AUTHORIZATION FORM

I hereby authorize the U.S. Bankruptcy Court to charge the credit card listed below for payment of fees, costs, and expenses which are listed below. I certify that I am a person who is authorized to use this credit card.

Credit Cardholder Name:

Address:

Signature: _____ **Date:**

Daytime Telephone Number:

Fax Number:

CARD INFORMATION

Account Number:

Expiration Date:

CARD TYPE:

****American Express ID Number:** _____ (This four digit # is printed on your card above the embossed account number.)

CHARGE INFORMATION: Please check the appropriate box and insert the amount to be charged.

Filing fees

Installment Fees

Motion Fees

Conversion Fee

Search Fee

Copies

Certifications

Appeal Fee

Archived File Retrieval

Adversary Fees

Other:

TOTAL TO BE CHARGED

Please list all debtors and case numbers:

What is the reason you are not filing electronically?

Installment

Other (give reason below)